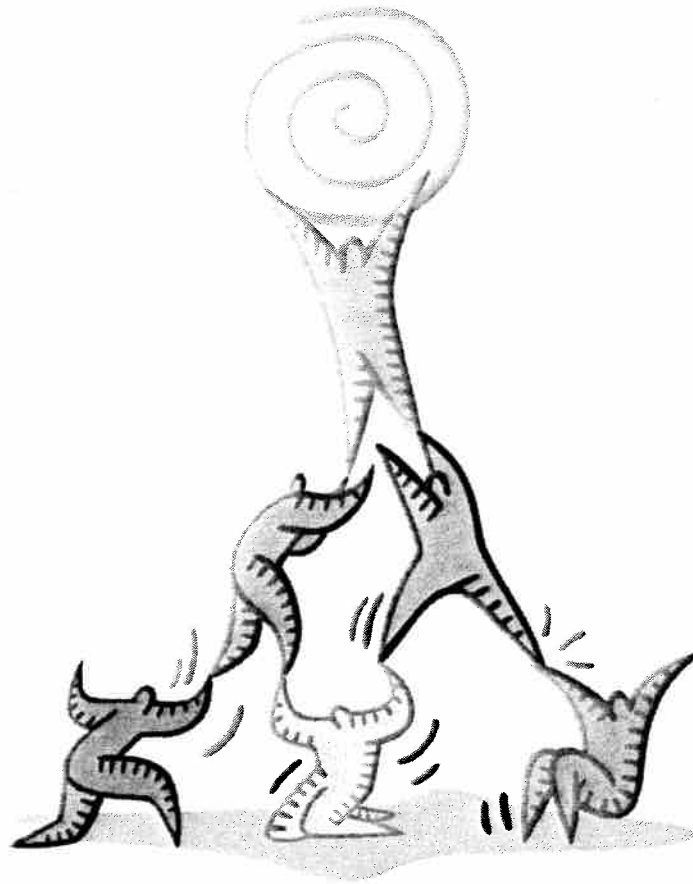


ACROSS THE AGES

(PROVIDING SERVICES FOR DIFFERENT AGE GROUPS)



- Adults with Children**
- Transitional Age Youth**
- Older Adults**

ADULTS WITH CHILDREN



TRANSITIONAL AGE YOUTH



OLDER ADULTS





Supportive Housing for Homeless Older Adults: An Overview of Key Considerations

AGING AND HOMELESSNESS

Homeless older adults – people over the age of 50 - are a relatively small group. The Third Annual Homeless Assessment Report to Congress found that 20% of sheltered homeless individuals were between 51 and 61 years old and an additional 4% were over age 62.¹ However, research shows that the average age of the homeless population is rapidly increasing in cities around the country.² A study of homeless adults in the San Francisco area found that the median age increased from 37 to 46, between 1990 and 2003.³ Similarly, in Massachusetts, there was a 60% increase in people over 55 using shelters, between 1999 and 2002.⁴

The most notable difference between older and younger homeless adults is the older adults' compromised health status; one study found that they were 3.6 times as likely to have a chronic medical condition as homeless adults under 50.⁵ Another study found that 85% of homeless persons over age 50 reported at least one chronic medical condition.⁶ Despite not having yet reached "senior" status, homeless adults between ages 50 and 62 often have healthcare needs similar to those of people who are 10 to 20 years older. The harsh conditions of life on the streets exacerbate existing chronic health conditions as well as illnesses that grow more common with age, such as diabetes, cardiac disease, circulatory problems, and hypertension. While such illnesses are always challenging to manage, living on the streets or in a shelter creates multiple barriers to adherence to medical regimens. For example, homeless persons may lack access to refrigeration for medications, their prescribed diets may be compromised by limited menu choices at food banks or shelters, and getting adequate rest is challenging when shelters close early in the mornings. Their physical health is further compromised by exposure to extremes of heat and cold on the street, and by exposure to contagious illnesses in shelters.

Though their physical healthcare needs are considerable, like other people who have been homeless for long periods of time, older homeless persons may have co-occurring mental illnesses and/or substance abuse disorders. Older homeless adults use drugs and drink alcohol at lower rates than younger homeless adults, although their use of substances is still significant.^{7,8} Older homeless adults are more likely to report alcohol abuse problems and less likely to report drug abuse, than younger homeless adults.⁹ However, some providers report that older homeless adults may be more adept at hiding drug use, than younger homeless adults.

Older homeless adults are also more likely than younger homeless adults to have cognitive impairments¹⁰. Such impairments may result from dementia, depression, long-term effects of alcohol abuse, or be caused by health conditions such as cardiovascular problems.¹¹ Regardless of the cause, cognitive impairments can impact a person's ability to follow medical recommendations, to successfully seek out healthcare services and to navigate the systems that provide public benefits, services and housing opportunities.

Older homeless adults may use shelters less frequently than younger homeless persons¹². Because they are often physically frail, older homeless adults are vulnerable to victimization in shelters where they may be the targets of younger shelter inhabitants, especially when they have just received a retirement or disability benefit check. This discourages some older homeless people from using shelters – instead they are likely to sleep on the streets where they are also vulnerable. One study found that almost half of homeless older adults had been robbed and one-fourth had been assaulted during the preceding year.¹³

Sadly, as a result of their significant health problems and lack of housing, homeless older adults die at earlier ages than the general population. According to the 2008 Annual Homelessness Assessment Report, "...many individuals who experience homelessness will not reach old age".¹⁴ The Health Care for the Homeless Clinicians Network similarly reports that mortality rates are 3 to 4 times higher for homeless people, than for the general population.¹⁵ Many will not live to become eligible for their community's services for senior citizens or for benefits like Social Security and Medicaid - instead, they will fall through the cracks of our healthcare and benefits systems.

EFFECTIVENESS OF SUPPORTIVE HOUSING FOR OLDER HOMELESS ADULTS

Given the multiple, high risk physical and behavioral health conditions experienced by the older homeless population, the provision of permanent, affordable housing linked to a comprehensive array of supportive services is essential. The provision of supportive housing is the first step towards stabilization of physical and mental health, for many older homeless people. Without supportive housing, healthcare is likely to be received intermittently in emergency rooms and/or other public health facilities, which is expensive and results in fragmented care. Supportive housing reduces the use of emergency services, resulting in significant savings of public dollars, while providing the coordination of physical and behavioral health services that is essential for older homeless adults. Supportive housing also reduces the likelihood that homeless older adults will be placed in nursing homes or convalescent care facilities. According to researchers Kahn, et. al, "New programs that integrate healthcare with more stable housing, such as supportive housing, may be important steps for avoiding end stage disease and institutionalization in older homeless persons with complex medical regimens needing frequent office visits"¹⁶

EFFECTIVE SERVICE AND HOUSING STRATEGIES

Important considerations for serving older homeless adults in permanent supportive housing settings include:

- **Developing a comprehensive services plan that emphasizes coordination and accessibility:** A wide range of services may be needed by homeless older adults in supportive housing, including: specialized outreach services, assistance with activities of daily living, 24-hour crisis assistance, physical health care, mental health care, substance abuse treatment, transportation services, payee services, nutrition and meal services, and community building activities aimed at reducing isolation. Because the services needs of this group are often complex, providing a comprehensive assessment of physical, mental health, and substance abuse treatment needs is key to providing the most appropriate mix of services. Making use of multi-disciplinary services teams that can provide "one stop" access to services, and facilitate services coordination, has been found to be a successful approach by some providers. Providers have also found that offering services on-site is ideal for older tenants who might have difficulty traveling to off-site services.
- **Understanding the specific needs of homeless older adults:** Developing appropriate health treatment plans for homeless older adults is frequently complicated by the interplay of the chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Experienced providers also report that older homeless persons are sometimes difficult to engage in services due to their belief that participation in services might result in being "put in a home", losing their independence, or having their money taken from them. Age-related hearing and vision loss may also contribute to a sense of heightened anxiety and lack of trust. Older homeless adults are therefore best served by professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults.

- **Providing assistance navigating systems and accessing benefits:** Assisting homeless older adults to access available services and benefits may require making accommodations for age-related physical problems, such as loss of hearing and sight, mobility problems and general physical frailty. In addition, cognitive impairments can significantly reduce a person's ability to understand what benefits are available, to complete application processes and to follow-up with providers when needed. Despite these challenges, accessing public benefits is crucial, since it may be unrealistic to expect many older persons with chronic health problems to increase their incomes through employment. Additionally, those who are able to work may have difficulty competing with younger workers for jobs. Veterans Administration benefits may be of particular importance for this group, since older homeless adults are more likely to have served in the military, than younger homeless persons.¹⁷
- **Choosing housing options that are accessible, safe and allow tenants to "age in place":** Homeless older adults may have significant challenges to completing activities of daily living (ADLs), such as limited mobility or cognitive impairments, and will benefit from living in housing that has been thoughtfully designed with safety in mind. Therefore, the use of Universal Design features is recommended to facilitate tenants' comfort, safety, and ability to live independently. At least some units should be accessible according to ADA guidelines, and it is recommended that other units are designed to be adaptable, that is, they can be easily converted into accessible units, if needed. In addition, offering housing units in a range of sizes, some of which can accommodate live-in aides, will increase older tenants' ability to successfully "age in place".
- **Planning for medical and cognitive decline:** Addressing the medical and/or cognitive decline of a tenant may require arranging for additional services, such as in-home care, visiting nurse services or even hospice services, in order to avoid a person having to move into an institution in his or her final days. Projects that serve homeless older adults will ideally have policies in place that permit stays in hospitals and convalescent care facilities without resulting in tenants' loss of housing. Despite staff and tenants' best efforts, some occasions may arise when it is appropriate to move a tenant to a setting that provides a more intensive level of care. In such circumstances, both tenants and staff will benefit from having clear policies and procedures in place, and well-oiled referral routes, to smooth the transfer of the tenant to the more appropriate setting.
- **Saying Goodbye:** When tenants are nearing the end of their life, supportive services staff may directly support them in achieving a sense of closure, perhaps by supporting them during reconciliation with loved ones, by completing advance directives or by assisting them in handling their affairs. After a tenant has passed away, staff may need to be involved in making funeral arrangements and notifying relatives. Whenever there is a death, taking time to recognize the loss of the tenant, and to honor his or her life is important for the entire supportive housing community. Holding a memorial service to commemorate the tenant's life, helps to create an environment where people can die with dignity, and allows both tenants and staff to grieve.

ADDITIONAL RESOURCES

CSH has a wide variety of resources available through our website at www.csh.org. Resources include:

- **Homeless Older Adults Strategic Plan (2008):** This extensive report by Shelter Partnership, Inc. received funding assistance through CSH from a grant provided by the Conrad N. Hilton Foundation. The report describes the first local study of the older homeless population in Los Angeles and makes a number of specific recommendations regarding how to meet their unique needs. The report also includes profiles of five organizations that provide housing for older adults who are homeless.

- **Toolkit for Developing and Operating Supportive Housing (2006):** This online toolkit contains more than 150 informational pieces, tools, and sample documents that can help organizations address key challenges in the planning, development and on-going operation of permanent supportive housing projects.
- **Toolkit for Ending Long Term Homelessness (2004):** This web-based *Toolkit* includes profiles of supportive housing projects as well as systems-wide strategies for addressing long-term homelessness, photo tours of supportive housing projects from around the country, sample documents and identifies key additional tools.
- **Taking Health Care Home: Evolution of Permanent Supportive Housing in the Taking Health Care Home Communities 2004-2007: Tenants, Programs, Policies and Funding at Project End 2008.** This report, by Martha Burt, describes and analyzes data from Taking Health Care home sites in six cities. The goals of the THCH initiative, funded by The Robert Wood Johnson Foundation, were to develop new and expanded relationships among housing developers and service providers to increase the integration of housing and services, increased funding for a robust supportive housing pipeline, and policy and programmatic changes that make supportive housing more accessible to chronically homeless individuals.
- **Clouser Home: Final Report on the Evaluation of the Closer to Home Initiative (2004):** This is the final report on the evaluation of the Closer to Home Initiative, a program developed by the CSH and the Conrad N. Hilton Foundation to foster new approaches to helping homeless people with multiple problems and disabilities.

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- ¹ U.S. Department of Housing and Urban Development, "The Third Annual Homeless Assessment Report to Congress." (2008) www.hudhre.info/documents/3rdHomelessAssessmentReport.pdf.
 - ² Hahn, J.A, Kushel, M.B., Bangsberg, D.R, Riley, E, Moss, A.R. PowerPoint presentation: "The Aging of the Homeless Population: Fourteen Year Trends in San Francisco." www.endhomelessness.org. (accessed September 2008).
 - ³ Hahn, J.A, Kushel, M.B., Bangsberg, D.R, Riley, E, Moss, A.R. "The Aging of the Homeless Population: Fourteen Year Trends in San Francisco." *Journal of General Internal Medicine*. (2006) 21(7): 775-778.
 - ⁴ National Coalition for the Homeless. NCH Fact Sheet #15, "Homelessness Among Elderly Persons." (2006) <http://www.nationalhomeless.org/publications/facts/elderly.html>
 - ⁵ Garibaldi, Brian, Alicia Conde-Martel, and Thomas P. O'Toole, "Self-Reported Co-morbidities, Perceived Needs, and Sources for Usual Care for Older and Younger Homeless Adults." *Journal of General Internal Medicine* 20 (2005): 729, as cited by Shelter Partnership, Inc.
 - ⁶ Ibid, as cited by Hahn, et. al.
 - ⁷ See footnote 2.
 - ⁸ Shelter Partnership, Inc. "Homeless Older Adults Strategic Plan" (2008) <http://www.shelterpartnership.org>.
 - ⁹ See footnote 8.
 - ¹⁰ National Health Care for the Homeless Council, *Healing Hands newsletter*. "Aging on the Streets", April, 2008. www.nhchc.org/healinghands.html
 - ¹¹ U.S. Department of Health and Human Services, Health Resources and Services Administration. "Homeless and Elderly: Understanding the Special Health Care Needs of Elderly Persons who are Homeless." (2003) <http://bphc.hrsa.gov/policy/pai0303.htm>
 - ¹² See footnote 8.
 - ¹³ National Coalition for the Homeless. NCH Fact Sheet #15, "Homelessness Among Elderly Persons". June, 2006. <http://www.nationalhomeless.org/publications/facts/elderly.html>
 - ¹⁴ See footnote 1.
 - ¹⁵ See footnote 10.
 - ¹⁶ See footnote 3.
 - ¹⁷ See footnote 8.